Exh. "A"

	5017377	State of Nebraska							
444	Investigator's Motor Vehicle Accident Report Sheet 1 of 2								
1	Total Number of Vehicles	Call ho! Agency C15-07916			HIT & RUN?		INVESTIGATION DADE AT SCENE?		
01 772	) DE II	//2015	TIME OF ACCIDENT	(in Lillary Tore)	STATE USE O	STATE USE ONLY . Amended			
01	PLACE COUNTY Hall P				6 0700 05/0 PRIVATE YES 100 05/0		5/06/2015		
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V183	200							JSSING	
01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, PROJUCTE DISTANCE FROMMLAREST TOWN								
VZ.4.	4.00 X X SRES 2.00 X X CITY OF TOWN SHELTON								
1	R. WORK R! R	CLASSIFICATION [	51 52 53 54 55-s	55-b 56-	STATE DEPT.	OF ROADS' P	DAMAGE TO ROPERTY?	•	
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1	LARRY R BLAI	R		PHONE	To target	וסכאב יום	(X:0	ME	
VZN		AXTELL, NE 68924	I	DATE OF BIRTH (NV/DD/YYY)	05/23/19	773	- 1	VVI	
<u> </u>		STRUCTION / DAN BUSER 308			7-6660	EOCAL VQ		. t	08
2	305 EAST 8TH	8TH STREET, POB 2587, KEARNEY, NE 68848			CHATION SYES OF WHOM NO SYES			3	09 V12
3	LICENSE TE NO			IA	YEAR 2015	ST/	ATE NE	- 1	01
V140	VEHICLE 20	3 Chevrolet SC1 Pickup truc			blue X-torales			VIJI	
4 V2:0	4	EC14X33Z115363		FARM BUREAU				7525	
	GRAND ISLAND	TOWED BY KRAMER'S			POLICY (N.)				01
1	ORIVER	VEHICLE NO. 2 COUNTY OF STATE					233		
VI€	LICENSE NO. CRIVER		A SUP	HOVE	STATE (Library)	LOCAL NO.	EX _:WA		
7 V2F	ZZARCCA REASSI	CITY, STATE	750					v	7281
<u>L</u>	OVYNER		CER	MEIEL	COPY	LOCAL VO		<u>v</u>	202
01	DIVIGER ACOPESS CITY, STATE, 20 ROLL C. CHANGES CONTION NO						v	2/3	
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01	F2/ED 10	TOWED BY		FOLICY'S			- V?	95	
	Complete this section for all injured persons (Complete a continuation report, if more than three were signed)  Complete a continuation report, if more than three were signed)  Complete a continuation report, if more than three were signed)							1	SEX
VEH.	AVA.	24 E. 4TH ST., AXTELL, NE 6892			(SMICOLYTY)	Position Eject	Region Sev	Pana	ur
1	IOCAL YO. [ART	EA INCIDENTALE Good Samaritan Hospital	EDS SERVICE TOUR	1	3/23/1973	01 3	01 2	$\Gamma_{\rm x}$	M
YEK. #	AV.	<u>Jnit</u>			Ţ <u>.</u> Ţ	_			
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VEH. #	AVE.	ood Samantan Hospital	Good Samari	tan EMS	}				
1. 1	JACOB S SUMMER	RS 823 S. MAIN, WILBER, NE 68	465 TEDS SERVICE NAME	12	/03/1991	1 1	01 2	2	М
	G	ood Samarilan Hospital	Shelton Volum		e & Rescue	DUS GUY REPOS	N 40		
UR POF	m 40. Jan 09	Troi 11-0	e force references the form an line electrone of the contract						

